

tended, but the questions discussed are of so much importance, and the consequences that might result from an implicit reliance on some of the precepts inculcated are of so serious a nature, that we have felt it to be an imperious though an invidious duty to endeavour to point out what we consider to be errors of fact as well as of doctrine.

R. E. G.

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XVI. *The American Cyclopædia of Practical Medicine and Surgery; a Digest of Medical Literature.* Edited by ISAAC HAYS, M. D. &c. &c.

The sixth number of this interesting work was issued in January. It appears that the enterprising publishers have not been able to furnish the numbers as regularly as was anticipated, in consequence of the many difficulties that necessarily attend the commencement of a work of great magnitude, in which many authors are concerned. If, however, we are induced to complain of this delay, we are at the same time constrained to acknowledge that the additional interest given to the work by the well executed illustrations, and the better opportunity it affords for elaborating the articles, fully compensates for this tax upon our patience.

It is not our intention, on the present occasion, to notice in detail the articles contained in the number before us; but in announcing its publication, we would merely call the attention of our readers to some of its most important articles. The contributors to this part of the Cyclopædia are Drs. G. B. Wood, R. E. Griffith, R. Coates, E. Geddings, F. Bache, S. Jackson, and the editor.

Dr. Wood is so well known as a writer on materia medica that it seems unnecessary for us to commend the articles bearing his signature. They display considerable research, and are generally written with that regard to system and accuracy which the present state of our science requires. He is the author of *Angustura Bark*, *Anime*, *Anodynes*, *Anthelmintics*, *Anthemis*, *Antilethics*, and *Antispasmodics*.

*Anise*, and *Antirrhinum*, by Dr. Griffith, *Anthropology*, by Dr. Geddings, and *Anthropogenics*, by Dr. Jackson, are very concise and neat articles.

The articles *Ankle*, *Anthrax*, and *Anus*, are from the pen of Dr. R. Coates; and are highly creditable to their author, particularly the elaborate articles *Ankle* and *Anus*. Dr. C. has given us a full exposition of the present state of our knowledge upon these interesting subjects. We have devoted no small portion of our time to anatomical studies, and therefore read this part of his labours with especial interest, and we have no hesitation in declaring that we have never met with accounts of the surgical anatomy of the ankle joint, and of the anus so satisfactory as those which Dr. C. has given us. The style in which these articles are written, though occasionally abrupt, is precise and perspicuous.

The "mechanism of the injuries of the ankle" is a most interesting and well written section. It describes, in a clear and simple manner, the complex motions of the foot upon the peroneo-tibial and tarsal articulations. Until recently the study of the mechanism of the joints, and their moving powers, has been too much neglected by surgeons. If more attention had been paid to this subject, we should not have been so often misled by the discrepancies of surgical writers. Dr. C. has fully appreciated its importance.

Fractures of the ankle are ably disposed of. Under this head we find some original and important suggestions. We are particularly pleased with the author's criticisms on the apparatus of M. Dupuytren, for the treatment of fractures of the fibula near the ankle joint. He alludes to a case which came under his own observation, in which the freedom of abduction and circumduction was impeded by retaining the foot in a state of strong adduction. We believe this course is recommended by most surgeons. It is particularly enforced by Dupuytren. There are other points of interest which we might dwell upon, but we must conclude our remarks upon this article with a slight notice of the section on dislocations. In studying these accidents, every surgeon must have experienced embarrassment, in consequence of the confusion in their terminology. Scarcely two surgeons use the same language in describing a dislocation of this joint, and it is still more embarrassing that the same terms are used by different surgeons to describe accidents the very reverse of each other. To remedy this confusion, Dr. C. has suggested a terminology which appears to us preferable to any in common use. It states, in simple terms, the precise character of the injury, and to prevent all misconception, the synonyms are appended. For some interesting views of Dr. C. on the treatment of dislocations of the ankle, we must refer the reader to the text.

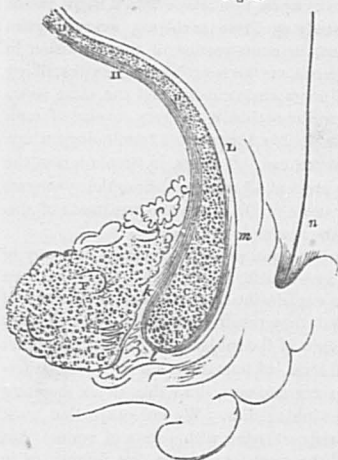
Anthrax is a short and interesting article, and presents a correct summary of the pathology of this disease. We agree with Dr. C. that "the days have passed when surgeons endeavoured to explain the obstinacy and fatal effects of these tumours, on the supposition that they result from a peculiar malignant virus in the system;" and taking this view of the subject, the general principles which guide us in the treatment of all local inflammations should never be forgotten. It seems that Dr. C. has, in some measure, done this, in not insisting more strongly on the importance of antiphlogistics. We are aware that most writers consider anthrax to be invariably attended with a state of system that renders general blood letting out of the question; but in this disease, as in all others, we are to be guided by the peculiarities of each case, and leeches, as a means of local depletion, appear to us to possess more value than Dr. C. has ascribed to them. We believe with Polinière, that when judiciously timed and properly applied, they constitute an important adjuvant in the treatment of anthrax. They cannot fail to be highly serviceable in those cases in which inflammation continues after free incisions have been made in the tumour to divide the reticulated structure of the dermis, and thus relieve the strangulation which gives this disease its peculiarly obstinate and dangerous character. The leeches should, in all cases, be applied around the tumour, and not directly upon it. This remark is of much importance; it is applicable to most, if not all, local inflammations. In the subsequent part of this article, we find the opinions of Dr. Physick quoted at some length. They will be read with much interest.

The article Anus, we think, no one can read attentively without becoming familiar with the anatomy of the anus, and the relative position of all its parts. This is a much more important and difficult study than is generally imagined, and we are glad to find that Dr. C. has treated the subject in a comprehensive manner. The relative position of the external and internal sphincter ani muscles, their points of greatest constriction, the peculiar arrangements of the

longitudinal fibres of the rectum, the sacculi of Professor Horner, the columns of the rectum, and some other minor points, are very prettily illustrated by drawings.

The following account of Professor Horner's important additions to our knowledge of the terminal arrangement of the longitudinal fibres of the rectum, and of the sacculi of the anus, will be read with much interest; and may serve to show the manner in which Dr. C. has elucidated this part of the subject:

Fig. 1.



A vertical section of the Parietes of the Anus, passing through the middle line of one of the columns of the Rectum, and the neighbouring parts.

C. The Internal Sphincter, with its arched fibres transversely divided.

D, D. The plane of arched fibres of the muscular coat, similarly divided.

E. The point of greatest contraction of the internal sphincter.

F. The External Sphincter.

G. The point of greatest contraction of the same muscle.

H. The plane of longitudinal fibres of the muscular coat, longitudinally divided. i. Some of these fibres terminating in the internal sphincter. k. Others, terminating in the external sphincter. l. The remaining longitudinal fibres, collected into a semi-tendinous fasciculus, passing over the lower margin of the internal sphincter, to be reverted upward within the duplicature of the column. m. These reverted fibres again becoming muscular, and terminating in the mucous coat.

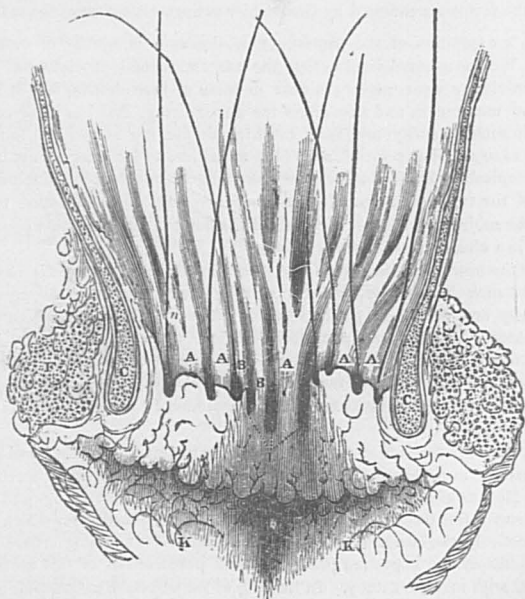
L. The mucous coat. n. A bristle in one of the sacs. o. The internal sphincter internus, (fig. 1. m.) It is obvious that this arrangement gives these fibres the power to draw down or even revert the base of the columns, and a portion of the mucous coat of the rectum, thus explaining more fully the real nature of prolapsus ani; especially that species of it which occurs most frequently in childhood. A similar structure is obvious in the horse and other animals."

"d. *Sacculi of the Anus.* The venerable Emeritus Professor of Anatomy in

"The longitudinal fibres of the rectum have been heretofore described as partly terminating in the superior margin and the outer face of the internal sphincter, (fig. 1. i.) and partly continued over that face to be lost in the external, where it overlaps the internal sphincter, (fig. 1. k.) Some of these fibres do indeed terminate as described, particularly at the latter spot, but Dr. Horner has succeeded in tracing others of these fibres much farther. Very many of them begin to lose a portion of their muscular appearance as they approach the lower edge of the internal sphincter, assuming somewhat the aspect of tendons; they are here gathered into numerous small fasciculi, the fibres of each fasciculus seeming to adhere to each other, until they double beneath the edge of the internal sphincter, which they appear to employ as a trochlea to revert the direction of their motion (fig. 1. l.) and are reflected upward on the mucous membrane. At this point, (i. e. where they are reflected upward) they are collected into groups, one corresponding with the base of each column of the rectum; to which it adheres pretty closely in its passage. Each group then pursues its course upward in the duplicature of the column; but it speedily resumes its muscular aspect, the fibres being rapidly displayed as they advance, until they are finally inserted into the mucous membrane, sometimes as high as an inch and a half or two inches above the inferior edge of the

the University of Pennsylvania, had been in the habit of noticing in his former annual course of surgical lectures, a peculiar condition of the anus, in which there exist certain well-defined pouches or sacs within the canal, which, by occasionally arresting small portions of feces, or minute foreign bodies, give rise to great inconvenience, and demand the performance of a peculiar operation for the relief of the patient. (See Art. III. § 12.) Dr. Horner, in prosecuting some examinations, post mortem, with the view of elucidating this subject, was surprised to find a series of semilunar valves, within the canal, such as have been hinted at, by certain anatomists, as an occasional occurrence, but the existence of which has been repeatedly denied by others. His attention being once fairly called to this structure, Dr. Horner discovered these valves in every body which he examined for the purpose, and therefore draws the legitimate conclusion that they are normal and constant. The following description is drawn from the appearances presented by four different preparations, taken promiscuously from a considerable number which the Professor did us the favour to submit to examination, and the accompanying figure has been executed from one of them.

Fig. 2.



A vertical section of the anterior parietes of the anus, with the whole canal displayed so as to show the relations of the sacculi of the middle region, and their relations to the surrounding parts, their orifices being marked by bristles.

A, A. Columns of the Rectum. B, B. Rudiments of Columns. C. Internal Sphincter. F. External Sphincter. I. Rudimentary of Imperfect Sacculi. K, K. Radiated folds of the skin, terminating on the surface of the nates.

n. A bristle in one of the sacs.

Immediately below the margin of the internal sphincter we find a series of membranous pockets or sacculi, corresponding in number with the grooves between the columns of the rectum, one of which grooves is directed towards,

and terminates in, each of the culs-de-sac. On the outer side, the sacculi are lined by the mucous membrane of the grooves, prolonged into the intervals of the hemispherical eminences already noticed, but which are not sufficiently distinct, after death, to be well represented in a drawing from nature. Internally, or on the side next the canal, the sacculi are completed by portions of loose membrane, which are processes from the reverted integuments lining the canal below. Each of these loose portions is attached at either end to the base of one of the columns of the rectum, and its free margin hangs in a curve between these points, thus forming a purse with the mouth presenting upwards, and resembling, in some degree, one of those formed between the valves of the aorta and the parietes of that vessel. Unlike the sacculi said to be sometimes formed by the intersection of the transverse and longitudinal folds of the rectum near the upper part of the anal canal, these pockets may be compressed, but cannot be obliterated by the distention of the anus. Their number, form, and position must necessarily vary, with those of the columns and swellings, which give them attachment; and, like the columns, some of them are frequently rudimentary. The upper margins of these pockets, taken collectively, appear to form the festoon mentioned by Cruveilhier as the termination of the cuticle."

Dr. C.'s exposition of the physiology of the anus is worthy of commendation. We have heard it said that the anatomical and physiological parts of this article are unnecessarily minute in some of their details; but it is the neglect of minuteness and a fondness for generalizing, that has involved our science in such obscurity; and facts, however simple, are as essential to refute opinions as to establish principles. Whilst we adhere to facts, we cannot be too "microscopical." Dr. C. has dwelt at some length upon the physiological characters of the two sphincters. He has evidently paid much attention to this part of the subject, and has elucidated the distinctions that exist between those muscles in a clear and satisfactory manner.

Under the head of Pathology of the Anus, Dr. C. has confined his observations "to such diseased appearances as take their name from this region, in which they are wholly or partly seated." The article embraces Neuralgia, Spasm, Atony, Injuries, Prolapsus, Inflammation, Blenorrhagia, Organic Stricture, Tumours, Ulcers, Fissure, Preternatural Pouches, Abscess, and Fistula of the Anus. Dr. C. has performed this part of his labour with the same analytical method that we have noticed in the anatomical and physiological divisions of this article.

Dr. F. Bache is the author of Antidote and Antimony. The clear and systematic manner in which these articles are written is particularly worthy of praise. He has given a succinct account of the "different recognised antidotes," and refers for further details to the particular poisons for which they are respectively administered. Antimony is a long and interesting article. The chemical history and important pharmaceutical preparations of this metal are described with much accuracy. In treating of the effects of antimonials on the system, and their therapeutical applications, we think we can say that Dr. B. has done justice to the importance of the subject, though we might be disposed to question the correctness of a few of his views relative to the modus operandi of antimony, and its value in some morbid conditions in which he has recommended it. We have been particularly pleased, that Dr. B. has followed the analytical and only available method of arriving at correct therapeutical knowledge. After giving some general remarks upon the effects of antimonials as a class, Dr. B. treats of their effects upon most of the important

systems, tissues, and organs of the body; the influence of the diet and regimen employed during their administration; and the modifications of their action resulting from age and sex. He then treats of the individual antimonials as therapeutic agents. This section displays considerable research. Dr. B. dwells at some length on the remedial effects of tartar emetic; his account of its contra-stimulant use is interesting. This article is concluded by a highly judicious section on the Toxicological Effects and Tests of Antimonials.

The articles in this No. by the editor are all short but well written. They constitute the filling up, as it is called, a most laborious work and one too frequently neglected, but upon which Dr. Hays has bestowed much attention. Most of the medical terms are defined with perspicuity; they are, as far as practicable, deprived of those unmeaning definitions that too often confuse the learned and dazzle the ignorant.

F. T.

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XVII. *Des Diverses Méthodes et des différens Procédés pour l'obliteration des Artères, dans le Traitement des Anévrismes; de leurs Avantages et de leurs Inconvéniens respectives.* Par J. LISFRANC, vice-President de l'Académie Royale de Médecine, Chirurgien en chef de La Pitié, &c. Paris, 1834. pp. 152.

It is not always that we say least where we are least pleased, and if our notice of this work of M. Lisfranc is very short, it is because we have little fault to find with it, and because it should be read throughout, in order that its merits may be weighed.

It is a complete monograph of the subject on which it treats, and contains very little matter that is foreign to the purpose in view. After some preliminary observations on the nature of aneurism, and the proper limitation of the signification of the term, the author proceeds to the history of the various operations employed in the treatment of this disease, overthrowing the claims to originality of some supposed inventors, and giving additional proof of the truth of a well-known adage of Solomon. He then takes up in detail all the various methods that have been employed from the days of the Greek physicians to the present time, examining the advantages, disadvantages, and applications of each method. We are happy to observe that full justice is done to the experiments of the two American authorities who have made or attempted improvements in the construction of ligatures, but we may remark that his selection of instruments for the application of ligatures, is not such as would meet with general approbation here. This subject, however, is only glanced at collaterally.

In endeavouring to account for the greater frequency of consecutive hemorrhage in cases of operations for aneurism, when compared with those which follow amputations, M. Lisfranc suggests the probability that the ligature of the collateral branches, and the consequent arrest of the circulation to a greater distance along the principal trunks of the vessels, in the latter class of operations, may give additional security to the coagula, which form the barrier against hemorrhage. We have had occasion to remark, in former numbers of this journal, that few surgeons in this country apply very numerous ligatures in cases of amputation, yet secondary hemorrhage is an exceedingly rare occurrence; is it not more reasonable to suppose that the difference mentioned is the result of incipient morbid changes in the coats of aneurismal vessels extending beyond